

## Application for Brazil City Employment To be considered for employment, all sections must be completed

## WE ARE AN EQUAL OPPORTUNITY EMPLOYER

_ast Name:	Firs	t Name:	Middle Name:	
Address:	City:	State:	Zip Code:	
Felephone Number(s): Date		of Birth:	Social Security No.	
Are you employed no	w? Y N If so, ma	y we inquire of yo	ur present employer?	Y N
Are You currently on '	"lay-off" status and su	bject to recall? Y	N	
On what date would y	ou be available to wor	k?		
Do you have a valid D	rivers License? Y N	Drivers lice	nse Number and State	Issued:
	Edu	cation		
	Name and address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				
escribe any specializ dditional information	ed training, apprentic you feel may be helpt	eship skills and ex ful to us in conside	tra-curricular activities ring your application.	s. State any

	Employer	Dates Employed		Work Performed	
		From	То		
	Address				
ŀ	Telephone Number(s)	Hourly Ra	to/Salary		
		Starting	Final		
	Job Title Supervisor				
	Reason for Leaving				
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	Address				
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	Job Title Supervisor				
	Reason for Leaving				
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	Reason for Leaving				
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Γ	Employer	Dates Employed		Work Performed	
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	Telephone Number(s)	Hourly Ra	te/Salary		
		Starting	Final		
-	Job Title Supervisor				
-	December 1 and 1 a				
	Reason for Leaving				
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L	Give the names of three persons not			e known at least one (1) y	ear.
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ces:	Address				Acquainted
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